

MICHIGAN HIGH SCHOOL EQUIVALENCY ALTERNATE AGE WAIVER REQUEST FORM Michigan Youth Challenge Academy Graduates, Minors Remanded to Juvenile Detention or Treatment Center, and Court Ordered Adjudicated Minors

This form shall be completed by minors who are participants in the Michigan Youth ChalleNGe Academy, minors who have been remanded to a juvenile detention/treatment facility, and/or court ordered adjudicated minors who are at least 16 years of age, are no longer enrolled in high school, and will not be returning to complete a traditional K-12 instructional program.

- 1. A box must be checked indicating the reason high school equivalency testing is necessary.
- 2. Select the test option, GED® or HiSET®.
 - For an age restriction to be waived youth must have an established account with GED® or HiSET®. Accounts may be created online at www.ged.com or https://hiset.ets.org/.
 - All HiSET® testers must include their ETS ID number. This number will be assigned when a
 youth has an established HiSET account.
- 3. Signature of Program/Facility/Court Representative is required and necessary to validate that the minor youth is between 16 and 17 years of age.

All Michigan High School Equivalence Age Waiver Request Forms must be submitted to the Michigan Department of Labor and Economic Opportunity, Workforce Development, Office of Adult Education for approval.

The completed form can be scanned and submitted via email to <u>LEO-HSEProgram@michigan.gov</u>.

Note: The High School Equivalency Age Waiver Request Forms must be legible to be processed. Forms that cannot be read or have missing information may delay an individual's approval or result in a request being denied. For minors that are not in a detention or treatment center, connected to the court system, or in the Michigan Youth ChalleNGe Academy, please complete the standard MICHIGAN HIGH SCHOOL EQUIVALENCY AGE WAIVER REQUEST FORM.



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I am at least 16 and less than 18 years of age and I am authorizing Educational Testing Services (HiSET®) or the GED Testing Service (GED®) to send test results to the school district in which I once attended.

Student Name:		Date of Birth:		
Email:			□ No Email	
Please check the appropriate box below:				
\square I am a participant in the Michigan Youth 0	Challenge Acade	my.		
☐ I am an adjudicated youth and have been Equivalency Certificate.	o court ordered to	complete testing to	attain High School	
☐ I am a youth remanded to a juvenile determined traditional schooling. It has been determined and/or court that it is in my best interest to o	d by the facility's	instructor, counselor	r, probation officer,	
Signature of Student:	Date:	_	Test Option: (Choose One) □GED □HISET ETS ID:	
We, the undersigned as court appointed guardia county in which this individual youth resides, ag his/her High School Equivalency Certificate and 18 of age is not currently enrolled in a traditiona	gree that it is in l attest this indi	the best interest of vidual is at least 16	f this youth to obtain years and less than	
Signature of Program/Facility/Court Representative:			Date:	
Printed Name of Program/Facility/Court Representative:		Phone Number:		
Name of Program/Facility/Court Jurisdiction:		I		

Please return completed form to the Michigan Department of Labor and Economic Opportunity, Workforce Development, Office of Adult Education. The completed form can be scanned and submitted via email to: LEO-HSEProgram@michigan.gov.